

Executive Summary

Family Care CMO Annual Report 2002

Purpose and Overview

Wisconsin's Department of Health and Family Services (the Department) and the Center for Delivery Systems Development (CDS) contracts with MetaStar, Inc (MetaStar) to conduct external quality review activities for the Family Care program in the State of Wisconsin. MetaStar was awarded this responsibility by the Department beginning July 1, 2002.

Family Care is a comprehensive and flexible long- term care service system being piloted in nine Wisconsin counties. Five of the Family Care counties have Care Management Organizations (CMO's) that provide services for the frail elderly, physically disabled and developmentally disabled medicaid populations. In order to assure access to services, CMO's have developed and manage a comprehensive network of long-term care services and support, either through purchase of service contracts with providers, or by direct service provision by CMO employees. CMOs are responsible for assuring and continually improving the quality of care and services consumers receive.

The purpose of an external quality review (EQR) is to evaluate the services that are arranged for or provided to Family Care enrollees under the contract the Department has entered into with the five CMOs. The goal of the EQR activities is to gain an understanding of how each CMO is or is not meeting the needs of its enrolled population in relationship to choice of services and supports, access to services, supporting member outcomes, overall program quality and cost effectiveness.

Table 1 lists the five Wisconsin counties with Care Management Organizations that provide services to a total of 6966 members as of December 31, 2002. Milwaukee County CMO provides services only to the frail elderly population who are 60 years and older. The remaining four Family Care CMOs provide services to all three target populations; physically disabled, developmentally disabled, and the frail elderly.

Table 1

County	Elderly	Developmental Disabilities	Physical Disabilities	Total
Fond du Lac	480	297	119	896
La Crosse	516	386	356	1,258
Milwaukee	3,841	15	44	3,900
Portage	313	185	117	615
Richland	133	89	60	282
Total	5,283	972	696	6,951*

**This table does not reflect the column for Target Group Not Identified with a total of 15 to be added to the total 6951 for a total of 6,966*

This report provides a summary of review findings across the five CMOs. Individual CMO reports, addressing specific review elements, are also attached for review.

Methods

- Performance improvement project reports were reviewed according to established criteria agreed upon between CDS and MetaStar. Technical assistance was provided to all CMOs during development of their project.
- Validation of CMO Reported Performance Measures was completed using onsite visits to assess internal processes and member record reviews to verify rates reported.
- Assessing Implementation of Quality Standards was completed through the use of document review and completion of an onsite visit using established criteria developed earlier in the year by CDS.
- Assessing CMO Services and Support Coordination was conducted through onsite member record reviews using a revised tool that was agreed upon by MetaStar and CDS.

Summary of Findings

Evaluating CMO Performance Improvement Projects

Selecting and completing a performance improvement project was a challenge for the majority of the CMOs. Although technical assistance and training had been provided prior to the reporting period, CMO quality leads struggled with the concepts related to quality improvement. Another barrier identified to completing a project was the limited time available for the quality lead and staff to work on the project. An alternate method of applying the improvement process is needed to ensure CMOs have the capacity to successfully achieve their performance projects.

Validation of CMO Reported Performance Measures

All CMO's successfully reported credible staff turnover data. The presence of existing personnel systems and the importance of the data to the organization supported the collection and reporting of this measure.

Two of the CMOs were able to report credible vaccination data. Reviewers found significant problems that prevented the calculation of useful vaccination rates. Although the type of problem varied by CMO, contributing factors included failure to collect vaccination data from members and guardians, failure to properly record members' vaccination status in the service record, and failure to report information consistent with the information found in the service record.

All CMO's need to develop, and use, written documentation of processes and procedures to ensure they correctly and consistently produce performance measure data. The CMOs that did not provide credible vaccination data, should determine the causes of the specific errors found by the reviewers, develop a plan to correct these errors, and ensure the affected staff understand and follow established processes and procedures to correctly produce vaccination data.

Assessing Implementation of Family Care Quality Standards

The second annual site visit (2002) reviewed only those standards where progress was expected based on the quality site review team findings for the CMO's first site visit completed in 2001.

The most significant areas of progress by the CMO's included adding performance/quality language to their provider contracts, offering to members the self- directed supports (SDS)

option for personal care and supportive home care services, and for the majority of CMO's working collaboratively with the Resource Centers and Economic Supports Units to ensure timely enrollment and disenrollments.

Although the self-directed supports option is being offered to members, CMOs lack a well developed and implemented work plan, do not have effective and timely training of staff and members in SDS, and lack policies and procedures related to completing criminal background checks on individuals applying to be a member's SDS worker.

Areas that need further development by the CMO's include the implementation of internal grievance system policies and procedures according to the CMO's contract requirements, the CMO's ability to deliver services in a timely manner, and the need for standards related to access to services. Progress on identified areas needing improvement should be monitored by tracking CMO submission of required documentation per report follow-up actions and Department memos related to annual re-certification.

Member Centered Assessment and Plan Review

A review protocol for member-centered assessment and plan (MCAP) reviews was developed and the existing review tool was revised. A disenrollement review protocol was also developed and piloted, which will be implemented in 2003. Timeliness of feedback to the CMOs was greatly improved, as was response times for CMOs in submitting additional information and corrective action when plans were pended. CMOs receive review findings after additional information and/or corrective action is taken; however, they do not receive preliminary review findings. Access to this data could assist CMOs in identifying potential quality improvement opportunities.

Review findings indicated that all CMOs were challenged to meet contract requirements related to specific timeframes for assessment and planning activities. While most CMOs have implemented internal tracking and monitoring systems, they vary in their approach and frequency of monitoring contract timelines. Notifying members of their right to appeal decisions made at the local level may not be occurring consistently across all CMOs. Some CMOs indicated that they were unsure of when notices of action should be sent, which may have resulted in members not being notified of their right to appeal.

CMOs have been actively developing systems and formats for documenting care management activities that support the goals of Family Care. Member centered plans have improved across all CMOs; however there is still some confusion over what should be included or documented on the member centered plan. Additionally, the role of the nurse continues to be defined in Family Care. All CMOs have interdisciplinary teams consisting of a social service coordinator and a nurse; however, how the nurse functions within the team varies across CMOs.

CMOs have expressed that they do not see a correlation between what is currently reviewed under the MCAP review and member outcomes. In general, CMOs have expressed interest in learning how all external review activities are linked to member outcomes. Ongoing education in the area of member outcomes will benefit CMO staff in the development of member plans, specifically in identifying the member's outcomes and the supports needed to meet those outcomes. MetaStar, The Council, and CDSO are collaborating to provide educational opportunities for the CMO's in 2003.